

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC

ADDRESS (number and street)

3700 Wilshire Blvd., Ste.1050B

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90010

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00321943

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David L. Gould

Signature of Treasurer

David L. Gould

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">21938.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">25494.37</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1915.00</span>	<span style="border: 1px solid black; padding: 2px;">29309.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">27409.37</span>	<span style="border: 1px solid black; padding: 2px;">51247.24</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">2842.33</span>	<span style="border: 1px solid black; padding: 2px;">26680.20</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">24567.04</span>	<span style="border: 1px solid black; padding: 2px;">24567.04</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">7600.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1275.00

13635.00

(ii) Unitemized .....

390.00

7154.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1665.00

20789.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

250.00

8520.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1915.00

29309.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1915.00

29309.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1915.00

29309.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2842.33	18180.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2842.33	18180.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	8500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2842.33	26680.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2842.33	26680.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1915.00	29309.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1915.00	29309.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2842.33	18180.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2842.33	18180.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC

Full Name (Last, First, Middle Initial)

**A. Francine Sdao**

Mailing Address 22202 Hazel Crest

City State Zip Code  
Mission Viejo CA 92692

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

None

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2013

Transaction ID : IDTA1220

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2013

Transaction ID : INCA1154IDTA1220

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. James Traut**

Mailing Address 5 Hutton Centre Dr. Suite 700

City State Zip Code  
Santa Ana CA 92707

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Traut Firm

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2013

Transaction ID : IDTA1230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2013

**Transaction ID : INCA1156IDTA1230**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Charles Loren Doll**

Mailing Address 1925 Skyline Drive

City State Zip Code  
 Fullerton CA 92831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

LCPTracker, Inc.

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : IDTA1259**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2013

**Transaction ID : INCA1161IDTA1259**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

## **A. American Fund Transfer Group**

Mailing Address 1552 Johnson Road

City State Zip Code  
Gainesville GA 30504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : INCA1158**

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

## **B. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2013

**Transaction ID : INCA1174**

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

## **C. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : INCA1177**

Amount of Each Receipt this Period

410.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

725.00

**TOTAL** This Period (last page this line number only)..... ►

1275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

## **A. Jose Solorio for College Board**

Mailing Address 3605 Long Beach Blvd., Ste. 426

City State Zip Code  
 Long Beach CA 90807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 09 2013

**Transaction ID : IDTA1233**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. ActBlue**

Mailing Address 14 Arrow St.

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 09 2013

**Transaction ID : INCA1156IDTA1233**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 14 Arrow St.

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement  
Credit Card Fees

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

**Transaction ID : EXPB1153**

Amount of Each Disbursement this Period

6.16
------

Full Name (Last, First, Middle Initial)

**B. Nicholas Anas**

Mailing Address 112 East Bay Avenue

City	State	Zip Code
Newport Beach	CA	92661

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

**Transaction ID : EXPB1142**

Amount of Each Disbursement this Period

1134.32
---------

Full Name (Last, First, Middle Initial)

**C. DAVID L. GOULD COMPANY**

Mailing Address 3700 Wilshire Blvd., Ste.1050B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement  
PAC Management/Political Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

**Transaction ID : EXPB1146**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1390.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Services**

Mailing Address Post Office Box 60407

City	State	Zip Code
Los Angeles	CA	90060

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

**Transaction ID : EXPB1143**

Amount of Each Disbursement this Period

421.43
--------

Full Name (Last, First, Middle Initial)

**B. River City Business/Paylink**

Mailing Address 5429 Madison Ave.

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

**Transaction ID : EXPB1145**

Amount of Each Disbursement this Period

80.00
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 14 Arrow St.

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2013

**Transaction ID : EXPB1155**

Amount of Each Disbursement this Period

27.50
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

528.93

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID L. GOULD COMPANY**

Mailing Address 3700 Wilshire Blvd., Ste.1050B

City Los Angeles      State CA      Zip Code 90010

Purpose of Disbursement  
Office Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2013
**Transaction ID : EXPB1147**

Amount of Each Disbursement this Period

135.99

Full Name (Last, First, Middle Initial)

**B. Nicholas Anas**

Mailing Address 112 East Bay Avenue

City Newport Beach      State CA      Zip Code 92661

Purpose of Disbursement  
Website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013
**Transaction ID : EXPB1151**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**C. California Democratic Party**

Mailing Address 1401 - 21st Street., Suite 200

City Sacramento      State CA      Zip Code 95811

Purpose of Disbursement  
Insurance Renewal

Candidate Name

**California Democratic Party**
Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013
**Transaction ID : EXPB1150**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

547.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. Xerox**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Mailing Address Post Office Box 7405

City	State	Zip Code
Pasadena	CA	91109-7405

**Transaction ID : EXPB1149**Purpose of Disbursement  
Photocopier

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

146.33

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2013

Mailing Address 14 Arrow St.

City	State	Zip Code
Cambridge	MA	02138

**Transaction ID : EXPB1160**Purpose of Disbursement  
Credit Card Fees

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

13.87

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2013

Mailing Address 14 Arrow St.

City	State	Zip Code
Cambridge	MA	02138

**Transaction ID : EXPB1173**Purpose of Disbursement  
Credit Card Fees

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5.37

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

165.57

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 14 Arrow St.

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement  
Credit Card Fees

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

**Transaction ID : EXPB1176**

Amount of Each Disbursement this Period

16.31
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16.31

2649.28

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 16

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC191

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)

Frank P. Barbaro -[PERSONAL FUNDS]

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1111 N. Broadway

City SANTA ANA

State CA

ZIP Code 92701

Original Amount of Loan

2600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2600.00

**TERMS**

Date Incurred

M M M / D D D / Y Y Y Y Y Y  
09 15 2009

Date Due

M M M / D D D / Y Y Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2600.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 OF 16

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC11

**DEMOCRATIC PARTY OF ORANGE COUNTY FED PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)

Frank P. Barbaro -[PERSONAL FUNDS]

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1111 N. Broadway

City SANTA ANA

State CA

ZIP Code 92701

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M M / D D D / Y Y Y Y Y Y  
05 26 2011

Date Due

M M M / D D D / Y Y Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

7600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.